

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>First Named Inventor</td> <td>M. EL-NAGGAR</td> </tr> <tr> <td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td> </tr> <tr> <td>Application Number</td> <td>/</td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number		First Named Inventor	M. EL-NAGGAR	COMPLETE IF KNOWN		Application Number	/	Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number															
First Named Inventor	M. EL-NAGGAR														
COMPLETE IF KNOWN															
Application Number	/														
Filing Date															
Group Art Unit															
Examiner Name															

☐ Declaration
Submitted
with Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Treatment of Inflammatory, Cancer and thrombosis disorders

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number	and was amended on (MM/DD/YYYY)	(if applicable).
--------------------	---------------------------------	------------------

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Application on which priority is claimed:					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name M. EL-NAGGAR					
Address 7 Linden Circle					
City Lincoln Univ.		State PA		ZIP 19352	
Country USA		Telephone 610-869-9358		Fax 610-869-3750	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/>				A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Mawahab M.		Family Name or Surname EL-Naggar			
Inventor's Signature Mawahab				Date 08/30/01	
Residence: City Lincoln Univ.		State PA		Country USA	
				Citizenship USA	
Mailing Address 7 Linden Circle					
City Lincoln Univ.		State PA		ZIP 19352	
				Country USA	
NAME OF SECOND INVENTOR: <input type="checkbox"/>				A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Ahmed S.		Family Name or Surname Mousa			
Inventor's Signature Ahmed Mousa				Date 08/30/01	
Residence: City Lincoln Univ.		State PA		Country USA	
				Citizenship USA	
Mailing Address 7 Linden Circle					
City Lincoln Univ.		State PA		ZIP 19352	
				Country USA	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					